

Statement of Organization
Recipient Committee

Statement Type

Initial

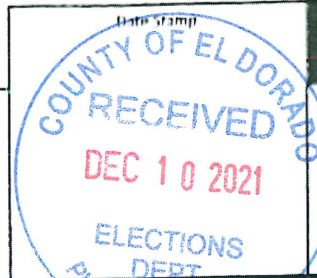
Not yet qualified
or
 Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination



CALIFORNIA FORM 410

For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		1437963		NAME OF TREASURER	
Yandow for Assessor 2022				Lynne S. Petty CPA, Retired	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
7000 Pony Express Trl.				3921 El Dorado Rd	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE
Pollock Pines	CA	95726	(530) 919-2160	Placerville	CA
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY	
1390 Broadway, Ste. B-284, Placerville CA 95667					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)	
Yandowforassessor2022@gmail.com					
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)	
El Dorado County	Unincorporated - El Dorado County			Danielle M. Yandow	
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)	
				7000 Pony Express Trl.	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE
Pollock Pines	CA	95726	(530) 919-2160		

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/10/2021 By Lynne S. Petty
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/10/2021 By Danielle M. Yandow
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee

IDENTIFICATION NUMBER

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COMMITTEE NAME: Yandow For Assessor 2022 IDENTIFICATION NUMBER: 1437963

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <u>El Dorado Savings Bank</u>	TELEPHONE NUMBER <u>(530) 622-1492</u>	BANK ACCOUNT NUMBER <u>13267133</u>
ADDRESS <u>4040 El Dorado Rd.</u>	CITY <u>Placerville</u>	STATE <u>CA</u>
		ZIP CODE <u>95667</u>

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<u>Danielle M. Yandow</u>	<u>Assessor</u>	<u>2022</u>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yandow For Assessor 2022

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ID NUMBER

1437963

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.